```
CMD :                                ONGARD                          07/15/96 09:06:48
OG6WCMP                C104-AUTHORIZATION TO TRANSPORT                    OGOAD  -EMFN

OGRID Idn          :    778   API Well No  : 30  45 11404   Pool Code : 72319
Operator Name      : AMOCO PRODUCTION CO
Prop Name          : BARNES B                                        Well No : 009
B.H. Location: UL  : M   Sec : 13 Twp  : 32N Range : 11W Lot Idn :
Prod Method (F/P)  : F C104 Aprvl Dte  :            Gas Conn Dte :
NFO Permit No      :       NFO Eff Dte :            NFO Exp Date :
Remove POD from WC: N               Remove Transporter from POD : N
Sel:
  Transporter Idn :  14538 Name : MERIDIAN OIL INC
  POD :  394110 Trnsp typ(G/O/W): O Eff Dte : 01/01/1940 End Dte : 12/31/9999
  Transporter Idn :   7057 Name : EL PASO NATURAL GAS CO
  POD :  394130 Trnsp typ(G/O/W): G Eff Dte : 01/01/1940 End Dte : 12/31/9999
  Transporter Idn :        Name :
  POD :  394150 Trnsp typ(G/O/W):   Eff Dte :            End Dte :
Production Test    : First Oil Prod Dte : 01-01-1900 Gas Dlv Date : 01-01-1900
Test Date :            Tubing Pressure :            Choke Size   :
Oil(BOPD) :            Gas(MCFD)       :            Water(BPD)   :
AOF(MCFD) :
        E0005: Enter data to modify or PF keys to scroll
PF01 HELP    PF02         PF03 EXIT    PF04 GoTo    PF05         PF06 CONFIRM
PF07         PF08         PF09 PRINT   PF10         PF11         PF12 NEX
```

State of New Mexico

ENERGY and MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, New Mexico 87504-2088

Form C-132-A
Revised 10/1/86

FOR DIVISION USE ONLY:

APPLICATION FOR CONTINUED STRIPPER CLASSIFICATION

APPROPRIATE FILING FEE(S) ENCLOSED? YES_____ NO_____

DATE COMPLETE APPLICATION FILED _____

DATE DETERMINATION MADE _____

WAS APPLICATION CONTESTED? YES_____ NO_____

NAME(S) OF INTERVENOR(S), IF ANY:

- FILING FEE(S) -

Effective October 1, 1986, a non-refundable filing fee of $25.00 per category for each application is mandatory. (Rule 2, Order No. R-5878-B-3)

5A. Indicate Type of Lease STATE ☐ FEE ☐

5. State Oil & Gas Lease No.

7. Unit Agreement Name

8. Farm or Lease Name

2. Name of Operator

9. Well No.

3. Address of Operator

10. Field and Pool, or Wildcat

4. Location of Well UNIT LETTER _____ LOCATED _____ FEET FROM THE _____ LINE AND _____ FEET FROM THE _____ LINE OF SEC. _____ TWP. _____ RGE. _____ NMPM

12. County

11. Name and Address of Purchaser(s)

CLASSIFICATION

1. Check appropriate box for category sought and information submitted. Enter required information on lines 2 and 3.c., below.

2. Filing fee(s), Amount enclosed: $_____

3. All applications must contain the items required by the applicable rule of the Division's "Special Rules for Applications for Wellhead Price Ceiling Category Determinations" as follows:

   A. Increased production resulting from recognized enhanced recovery techniques

      ☐ All Items required by Rule 19

   B. Well is seasonally affected

      ☐ All items required by Rule 20

   C. Increased production resulting from temporary pressure buildup for the 90-day period ending _____.

      ☐ All items required by Rule 21

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

_____
NAME OF APPLICANT (Type or Print)

_____
SIGNATURE OF APPLICANT

Title _____

Date _____

FOR DIVISION USE ONLY

☐ Approved

☐ Disapproved

The information contained herein includes all of the information required to be filed by the applicant under Subpart B of Part 274 of the FERC regulations.

_____
EXAMINER